

PLAINTIFF CASSIUS M. CLAY SR.,	COURT CASE NUMBER CA05-125 Erie
DEFENDANT L.P. BENNING	TYPE OF PROCESS

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

SERVE AT	L.P. BENNING; WARDEN
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) R.D. #10, Box 10; GREENSBURG, PA 15601

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	1
	Number of parties to be served in this case	10
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney other Originator requesting service on behalf of: Cassius M. Clay Sr. Pro-Se	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (814) 621-2110	DATE 4/6/05
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 10	District of Origin No. 68	District to Serve No. 68	Signature of Authorized USMS Deputy or Clerk [Signature]	Date 9/16/05
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I hereby certify and return that I ☐ have: personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date [Signature] Signature of U.S. Marshal or Deputy
	Time <input type="checkbox"/> am <input type="checkbox"/> pm

Service Fee [Signature]	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges [Signature]	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$ 800
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REMARKS: OIC/W marked 9/21/05
09/27/05 RETURNED TO COURT UNEXECUTED - NO LONGER EMPLOYED AT SCI GREENSBURG - PER ATTACHED COPY OF ENVELOPE

PREVIOUS EDITIONS MAY BE USED

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285
Rev. 12/15/80
Automated 01/00